



Audit Committee

Venue: Kirkstall & Fountains, Springhill 1

Date: Tuesday 14 August 2012

Time: 1000-1300

Chair:

Pat Drake (PD) Non-Executive Director & Deputy Chairman

Attendees (members):

Roger Holmes (RH) Non-Executive Director
 Mary Wareing (MW) Non-Executive Director (Designate)
 Erfana Mahmood (EM) Non-Executive Director

In Attendance:

Rod Barnes (RB) Executive Director of Finance & Performance
 Richard Ford (RF) Financial Controller
 Anna Rispin (AR) Associate Director of Finance
 Steve Page (SP) Executive Director of Standards & Compliance
 Hayley Wardle (HW) External Audit
 Shaun Fleming (SF) Counter Fraud
 Benita Jones (BJ) Internal Audit
 Robert Bassham (RB) Internal Audit
 Anne Allen (AA) Director of Corporate Affairs & Trust Secretary
 Stephen Moir (SM) Deputy Chief Executive & Executive Director of Workforce & Strategy
 Bryan Ward (BW) Head of Education & Standards

Apologies:

Elaine Bond (EB) Non-Executive Director
 David Whiting (DW) Chief Executive
 Paul Thomson (PT) External Audit
 Alison Walker (AW) Medical Director (requested for Item 13)

Minutes produced by: (JW) Jo Wilson

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	The meeting commenced at 1000 hours.	
1.	Introduction & Apologies Apologies were noted as above.	
2.	Minutes of last meeting 7 June 2012 The minutes were accepted as a true and fair representation of the	

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<p>meeting with the following amendments:</p> <p>Page 2 Action 2012/12. The wording 'reticence' should be 'reluctance'.</p> <p>Page 3 Item 5 paragraph 3 'been revised' should read 'being revised'.</p> <p>Page 5 Within the action point the paragraph should read 'RH asked'.</p> <p>Page 11 Item 15 'assurance on management actions in resolving' should read 'assurance on management actions in implementing'.</p> <p>Page 13 Item 16a 'struggled with the concept' should read 'be struggling to demonstration with implementation'.</p> <p>Page 14 Item 16b 'SF reported full process of outstanding reports had been followed and no further action had been taken' should read 'SF confirmed that the detailed checklist remains unchanged'.</p> <p>Final paragraph needs to be removed.</p> <p>Page 16 'PD seconded RH's comments, adding his' should read 'adding her comments'.</p>	
<p>3. Action Log and Matters Arising The action log was noted and updated.</p> <p><u>Actions 2011/45, 2011/56, 2011/66</u> These actions are all agenda items under Committee Assurance item 12 so these can all be closed.</p> <p><u>Action 2012/6</u> This item should be referred to as Raising Concerns at Work Policy and not Whistle-blowing. RH remains the responsible Non-Executive Director (NED) until he leaves at the end of September but following his departure SM is to confirm the name of the NED taking over this responsibility.</p> <p><u>Action 2012/9</u> Dr Julian Mark is to provide a short report on the outstanding questions regarding the Clinical Audit Policy document. This is to be circulated and then this action can be closed.</p> <p><u>Actions 2012/12 and 2012/17</u> These actions can be amalgamated into one action but these are still outstanding and will be brought back to the next meeting.</p>	

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<p><u>Action 2012/25</u> This fee will be discussed at item 16 in the meeting so this action will be closed.</p> <p><u>Action 2012/26</u> This action is to be covered at item 17 so this action will be closed.</p> <p><u>Action 2012/27</u> This action is to be covered at item 8 so this action will be closed.</p> <p><u>Action 2012/28</u> This action is to be covered at item 9 so this action will be closed.</p> <p><u>Action 2012/30</u> Post meeting SF advised that the successful payroll recovery has been included in the 2011/2012 Annual Report. This action is now closed.</p>	
<p>4. Chairmanship of Audit Committee This paper had been previously circulated for consideration.</p> <p>The Appointments Commission are currently considering the Trust's recommendation for a new NED and Audit Committee Chair and this appointment should be announced shortly.</p> <p>Ian Wallace, Director of Tenon has confirmed his availability, if required, in the short term to provide ad-hoc independent support to the Interim Chair of the Audit Committee and the Committee as necessary.</p> <p>The Committee accepted the current position with no questions or issues arising.</p>	
<p>5. Review of Members Interests The Register of Members Interests is to be brought to the next meeting in the new format agreed by the Trust Board in July.</p>	
<p>6. Terms of Reference Discussion took place regarding Section 9 Administration. The responsibility for agreement of the agenda, attendees, collation of papers, minute taking and tracking actions should be the responsibility of the Corporate Secretary. All terms of reference are to be updated to ensure that these are in line with this responsibility.</p> <p>The Committee agreed the contents of the terms of reference with a view to these being re-presented to the next meeting with the appropriate changes.</p>	
<p>Action SP and AA to review all committee terms of reference and issues to</p>	SP/AA

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<p>be considered eg delegated powers. These will be more specific about the administration of the meeting and the note taker.</p>	
<p>7. Board Assurance Framework SP presented the updated Board Assurance Framework (BAF) providing assurance with regard to the effective management of key risks to strategic objectives.</p> <p>The BAF has been subject to a further comprehensive review by the Associate Director of Risk & Safety, working with all executive directors and some associate directors. The purpose of the review was to map strategic risks to the new strategic objectives and to align these with the risks on the Corporate Risk Register (CRR)</p> <p>The August iteration of the BAF contains the detail of all 11 strategic risks aligned to the revamped objectives in the Integrated Business Plan (IBP).</p> <p>Key controls on the BAF have been graded and board members are now asked to consider the strength of the controls and systems in place to assist in securing delivery of the strategic objective.</p> <p>Heat maps have been produced to assist with this exercise:</p> <ul style="list-style-type: none"> • The first heat map gives an indication of the movement of risk since the last time the report was seen. This showed good movement and concrete actions regarding these risks. • The second heat map reflects the levels of assurance. No changes have been flagged but in future these should move in a positive direction. <p>The Committee found the heat maps helpful with the only issue highlighted that the highest risks had not moved.</p> <p>It was questioned what would be the expectation for these over the next few months. SP confirmed that these risks will be managed through the risk treatment plan and these need to be tested out through committee reports. The expectation would be that significant movement would be seen in the coming months.</p> <p>It was noted that Principle Risk 2a relating to harm to patients in data flagging had an overall strength of controls shown as weak but the corresponding risk on the heat map is not given. It was advised that the team are working with Emergency Operations Centre (EOC) with regard to improving this risk. It was agreed that timescales for this would be useful.</p>	
<p>Action A report detailing the improvements made in this area of risk are to be brought back to the next meeting.</p>	<p>SP</p>

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<p data-bbox="188 152 220 185">8.</p> <p data-bbox="331 152 1294 185">Updated Management Response to Fleet Management Actions</p> <p data-bbox="331 192 1299 371">RB presented this update advising the Committee that following the Head of Fleet having moved on outside the organisation Mark Squires, Associate Director of Support Services had been tasked to pick up the recommendations and actions from the Fleet Management internal audit report.</p> <p data-bbox="331 412 1299 483">A huge amount of diagnostic work has been undertaken with regard to systems and processes and identifying ways to strengthen them.</p> <p data-bbox="331 519 1318 629">RB talked the Committee through the recommendations detailed in the schedule of management actions on page 27 of the internal audit report:</p> <p data-bbox="331 667 616 701"><u>Recommendation 1</u></p> <p data-bbox="331 703 1318 846">Internal Audit identified the actual income generation figure recorded within the weekly KPI reports is misleading as it relates to all invoices raised, including those that have yet to be approved with the customer.</p> <p data-bbox="331 887 528 920"><u>Action Taken</u></p> <p data-bbox="331 922 1278 1066">Training accounts are being introduced and income generation included in workshop managers objectives. The accountability for KPIs will be at workshop level and accounts will be reconciled with Finance on a regular basis.</p> <p data-bbox="331 1106 616 1140"><u>Recommendation 2</u></p> <p data-bbox="331 1142 911 1176">A number of jobs remain open on Cleric.</p> <p data-bbox="331 1216 528 1249"><u>Action Taken</u></p> <p data-bbox="331 1252 1310 1435">From the beginning of April 2012, an analysis of jobs not closed on the Cleric system commenced and following this a large number of jobs were subsequently closed. A spreadsheet listing the jobs closed has been retained. Open jobs have been added to workshop managers KPIs.</p> <p data-bbox="331 1476 616 1509"><u>Recommendation 3</u></p> <p data-bbox="331 1512 1262 1621">Internal Audit identified a delay in invoices being raised following jobs being completed between the workshops and central fleet management team.</p> <p data-bbox="331 1662 528 1695"><u>Action Taken</u></p> <p data-bbox="331 1697 1302 1912">There is a recognition that there is not sufficient support and this will be picked up through the fleet department restructure. A parts bar coding system is currently on trial which transfers the parts cost direct to the job card and some standard job times. Also, it updates the stock system, therefore reducing some of the delays associated with job completion.</p> <p data-bbox="331 1953 616 1986"><u>Recommendation 4</u></p> <p data-bbox="331 1989 1299 2060">There needs to be a more timely process for billing information from the fleet management system to Finance.</p>	

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<p><u>Action Taken</u> In the absence of an active interface, confirmed billing will be e-mailed across to Finance on a monthly basis. The potential to develop an interface between the Fleetman and Oracle systems will be explored.</p> <p><u>Recommendation 5</u> Delays in excess of two months were noted for some invoices.</p> <p><u>Action Taken</u> Immediate changes have been put in place and reorganisation is the key to resolving this in the long term.</p> <p><u>Recommendation 6</u> Incorrect VAT rate was being charged for external jobs on some occasions.</p> <p><u>Action Taken</u> Inconsistencies in Cleric have resulted in old fleet parts being charged at an incorrect VAT rate. Software upgrades will now ensure the automatic application of a 20% VAT rate to all invoice parts.</p> <p><u>Recommendation 8</u> No documented agreement with auction houses for disposal of lease car vehicles was seen.</p> <p><u>Action Taken</u> A Trust Vehicle Disposal Policy has been drafted and should be implemented in October.</p> <p>RB apologised for the delay in this management response being presented but was happy for feedback to be taken outside of the meeting.</p>	
	<p>Action A further progress report is to be brought to the next meeting to give reassurance that these actions have been gripped and that the recommendation deadlines for October are being implemented.</p>
<p>9. Health & Safety Management SP presented this item to update the Committee on the current progress against the Risk and Safety team workplan and to provide assurance with regard to the effective management of Health and Safety.</p> <p>The key areas of activity detailed and noted were:</p> <ul style="list-style-type: none"> • Stress management • Occupational Health • Health surveillance (Fleet) and Hand Arm Vibration (HAVS) • Moving and handling including new equipment in vehicles for 	

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<p>bariatric patients)</p> <ul style="list-style-type: none"> • Health & Safety Training • Data management System • RIDDOR Reports • Risk Assessment Process • Premise Inspection Process • Display Screen Equipment <p>SP advised that overall he is satisfied that the Trust have good systems and processes in place with no major unmanaged risks flagged but a number of areas to be tightened up.</p> <p><u>Stress Management</u> The Committee commented that going forward it would be helpful to be advised of any unique aspects that need to be considered.</p> <p><u>Data Management</u> Following the period of transfer of data management information from PRISM, it was questioned whether information from the two systems could be compared? SP confirmed that there are still some months to go yet before the transfer but it is unclear at the moment whether codes from the old and new systems will be able to be compared following transfer.</p> <p>Discharge responsibility and the level of detail to come through from the Quality Committee was discussed. SP confirmed that the Committee will receive a regular update and end of year report. Additional papers for assurance can also be requested.</p> <p><u>Health and Safety</u> It was agreed that a flowchart of health and safety arrangements would be helpful for new NEDS. SP gave an overview of this process but would provide a flowchart for further information outside of the meeting.</p> <p>The Committee found this to be a helpful report and looked forward to receiving assurance regarding this from the Quality Committee.</p>	
<p>10. Members Expenses RF presented this item.</p> <p>The Committee questioned whether these expenses had been checked by those listed and are now accurate? It was advised that the process going forward would be that all expenses should be checked prior to presentation at the meeting.</p> <p>A number of anomalies were highlighted including the booking and recording of rail tickets if purchased by the individual. It was agreed that a clear process needed to be in place for the reporting of these expenses.</p>	
<p>Action This report is to be re-presented at the next meeting.</p>	

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11.	<p>Purchase of Springhill RB presented this paper to update the Committee on the process used for the purchase of the Springhill building.</p> <p>Discussion took place regarding the process for approval and the details of the letter from Ian Dalton, Cluster Chief Executive in which he requested that this was to be discussed at the Audit Committee.</p> <p>The Committee agreed that there were lessons to be learned and actions to be taken from this including:</p> <ul style="list-style-type: none"> • The Standing Financial Instructions need to be revised in terms of agreeing limits over £3m • Request confirmation and agreement by letter and do not just take e-mail confirmation • Formally respond to the letter following Audit Committee discussion • Solid discussion at Finance & Investment Committee is needed for such matters before presented to the Trust Board • Where business cases need external approval a clear process is required to be in place and followed. • Both Internal and External Audit advised that a retrospective look is taken with regard to the business case process to ensure that this is robust. <p>The Committee supported where the Trust are in respect of the process and responding to Ian Dalton.</p>	
12.	<p>Workforce & Strategy – Committee Assurance follow up Stephen Moir (SM) and Bryan Ward (BW) arrived at the meeting at 11.15am.</p> <p>PD welcomed BW to his first meeting and introductions were made.</p> <p>SM and BW gave the Committee an update of current developments within the Workforce & Strategy directorate, focusing on clinical training.</p> <ul style="list-style-type: none"> • The five year workforce plan skill mix for clinical and non-clinical staff is in the final stages of completion and is going to the Trust Board for approval in September. • The internal Education & Standards team is headed by BW and is currently being restructured. • Sheffield Hallam and Teeside Universities provide the Trust with a higher clinical education partnership. • Higher education funding continues to be received from the Strategic Health Authority (SHA) for clinical staff band 5 and above and early discussions are underway with the emerging Local Education and Training Board (LETB) to secure future 	

funding.

- A weekly performance dashboard tracking workforce issues is produced which includes continuous professional development and statutory and mandatory training compliance.

The Committee questioned the following:

- How can the Committee be assured that the A&E workforce proposals have been robustly costed? SM advised that his directorate and Operations have been working closely with the Finance department to ensure that the A&E workforce plan is aligned to the LTFM process. The costings for the A&E model has a number of iterations and still needs to be signed off and ensure that this also dovetails with cost improvement plans.
- Whilst the SHA have built costings into their five year plan for the funding for the number of training programmes needed for conversions, it was questioned what happens when the SHA is disbanded?. SM advised that once this happens then the LETB would assume this responsibility. A five year investment plan is currently being developed incorporating all the Trust's requested changes.
- The flexibility of the workforce plan was questioned. SM advised that specialist needs may change and this will need to be reflected in the higher education element of the plan. BW added that the working partnership links with higher education providers is quite good. A range of different groups look at planned outcomes on a quarterly basis to ensure that any changes necessary can be made. Commissioned numbers can be altered on a yearly basis to meet the business needs of the Trust. The number of leavers is regularly viewed and these numbers are used to project recruitment requirements over a five year period. To date, Sheffield Hallam has been able to incorporate the Trust's changing requirements within their plans.
- Following the introduction of the 111 service, the Trust will be employing an increased number of nurses who will have differing educational needs. It was questioned how had this requirement been considered? SM advised that this will mean expansion of the Trust's workforce but the current model does now allow for differing educational needs. Nursing registration and CPD will need to be re-visited for 111 mobilisation. SP added that the Trust have built in assumptions around 111. Going forward this will emerge from discussions around urgent care and 111, scheduled for forthcoming Trust Executive Group (TEG) meetings.
- In terms of post graduates going on to study for higher degrees, it was questioned whether there is a system in place for the Trust to allow them to study for this degree but to focus on certain aspects that the Trust may find useful. SM advised that the approvals panel process looks at what areas they intend to study to ensure benefits to the Trust.
- The importance of continued personal development (CPD) was discussed. SM confirmed that the Trust has a formal

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	<p>policy in place to be reviewed in December 2012. Informal CPD evenings are well attended and staff attend these in their own time. Executive Directors often attend these to inform staff of strategy developments and also are asked to speak about certain issues.</p> <ul style="list-style-type: none"> • It was questioned whether Trust policies were adhered to in relation to overtime applications and flexible working requests. SM advised that Cath Cox, Head of HR Business Partners had presented these legacy issues at a board development meeting and these will be formally reported to the Trust Board as these will impact on both the five year workforce plan and CIP plan. The legacy issues, like the AVP, were expected to be addressed through the five year workforce plan. <p>SM and BW were thanked for their attendance and left the meeting at 11.45pm.</p>	
13.	<p>Committee Assurance – Clinical and Standards & Compliance</p> <p>SP presented this update on behalf of SP’s directorate and Dr Alison Walker for Clinical directorate. This purpose of this update is to provide additional information on risks, controls and assurances in the BAF, which are relevant to the Clinical and Standards and Compliance directorate functions.</p> <p>SP summarised the focus of this paper highlighting the following strategic objectives:</p> <ul style="list-style-type: none"> • Strategic Objective 1: Improve clinical outcomes for key conditions • Strategic Objective 3: To provide clinically effective services which exceed regulatory and legislative standards • Strategic Objective 5: To develop culture, systems and processes to support continuous improvement and innovation. • Strategic Objective 8: To provide cost-effective services that contribute to the objectives of the wider health economy. <p>The following was discussed or questioned:</p> <ul style="list-style-type: none"> • Although the Trust has developed policies in order to progress to NHS Level 2, these are not sufficiently embedded. The question was asked how will this impact on the Trust if we have to defer level 2? <p>SP advised that the difference between level 1 and level 2 is that level 1 focuses on having policies and procedures in place. At level 2 the requirement is seeing those standards are embedded in practice. The specific challenges at level 2 is evidencing this and this process is now more stringent, assessors are moving to looking at incident management systems and also patient records.</p> <p>Most ambulance trusts are currently at level 1, taking stock and pausing to consider when they want to progress to the</p>	

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<p>next level. SP added that in theory we could push on but with other pressures on our time it would probably be better to consolidate at level 1 and not fall below this as this would impact on our FT process. The requirement for FT is to be successful at level 1.</p> <p>In October 2012 the Trust will be re-assessed.</p> <ul style="list-style-type: none"> • It was questioned whether our 111 partners will have a similar rating? <p>SP advised that partners will not be covered by our rating but what would be relevant is that their requirements will be assessed through the 111 service. Governance arrangements will need to be robust and comply with NHSLA requirements. The same will apply with CQC requirements as these will be assessed in a similar way.</p> <ul style="list-style-type: none"> • It was noted that the 111 service was relatively high risk with this being a new venture and therefore the risk is failure to implement. There is also a side risk on management capacity and pressure. <p>The Committee were assured by this report.</p> <p>PD highlighted that the Committee Assurance for Operations had been deferred to the next meeting due to Paul Birkett-Wendes just starting with the Trust. For the next meeting he will attend to focus on performance targets, Emergency Operations Centre and clinical leadership in particular.</p>	
<p>14. Finance & Investment Committee Report RH presented this report informing the Committee of the activities of the Finance & Investment Committee, highlighting:</p> <ul style="list-style-type: none"> • Assurance that the Income and Expenditure and cash position have no specific issues for concern. • The Cost Improvement Plan was completed in early July for current and forward years. • Lessons have been learned going forward particularly in relation to having identified business case leads. • The Estate strategy was discussed and was recommended to be presented to the Trust Board. • The Committee were less happy with the ICT strategy and further work is to be undertaken on strategic aspects. • A good review of 111 was presented included key risks. <p>The committee noted this report.</p>	
<p>15. Quality Committee Report SP presented this update due to a conflict of interests with PD</p>	

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<p>chairing both the Quality and Audit Committee.</p> <p>This update noted the discussions within the Quality Committee and the key points highlighted were:</p> <ul style="list-style-type: none"> • The inaugural meeting of the Clinical Quality Forum had been held. • The Quality Accounts have now been completed and published according to the Department of Health timetable. • A further external review of Quality Governance was being conducted by Deloitte and the updated report was anticipated the following week. • Workforce modelling progress. • Sickness levels. • Reports from sub-committees. • A presentation was given by clinical practitioners from the west locality on compliance with CQC standards and other quality arrangements. • 111 update. • The Quality Committee will be observed by the SHA at the next meeting. • The workplan had been reviewed to ensure that this covers all aspects required. <p>The Committee noted and were assured with this report.</p>	
<p>16. External Audit Update</p> <p>HW presented this update report on the progress made against the plan. The following was highlighted:</p> <ul style="list-style-type: none"> • The Trust accounts were signed off on 7 June 2012 with unqualified opinions and sent off to the necessary regulatory bodies. • Audit work for 2011/2012 has now been finalised. • As part of the arrangements to abolish the Audit Commission and transfer its audit portfolio to new suppliers, the Audit Commission have requested auditors not to carry out any planned work in relation to 2012/2013 until after 1 September 2012. The Audit Commission have recently written to the Trust to confirm the appointment of Deloitte LLP for 2012/2013 from 1 September so audit work will commence early September. • The Audit Commission have reduced fees by approximately 40% for 2012/2013 onwards. This reduction will therefore be passed on to the Trust. Going forward the value for money work for foundation trust will be lower so the fee should be further reduced. 	
<p>17. Compliance with Assurance Recommendations</p> <p>RF presented this report to give assurance to the Committee on management actions in resolving internal and external audit</p>	

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<p>recommendations.</p> <p>It was noted that the amount of outstanding recommendations had been greatly reduced which is testimony to the amount of work undertaken. The number of new audit recommendations coming through has also reduced.</p> <p><u>Report Number: 121103</u> The Command and Control system contract has been signed off by YAS but the final signed copy needs to be signed and received by the supplier.</p>	RB
<p>Action RB is to chase the supplier.</p>	
<p>The Committee noted this report.</p>	
<p>18a</p> <p>Internal Audit & Counter Fraud Progress Report <u>Internal Audit</u> RB presented this report providing a progress update of work undertaken and planned.</p> <ul style="list-style-type: none"> • Three reports are still in draft but give significant assurance. These should be finalised by the end of August 2012. • Three reports have been finalised – Ambulance Quality Indicators (significant assurance), Occupational Health (limited assurance) and Contractor Arrangements (limited assurance) • Progress was given on the 2012/2013 plan. <p><u>Contractor Arrangements</u> It was agreed that assurance around implementation of recommendations with regard to contractor arrangements should be given at the next meeting following the follow-up audit.</p> <p><u>Counter Fraud</u> SF presented this report providing an update on counter fraud work undertaken.</p> <ul style="list-style-type: none"> • The bulk of work taking place is focused on awareness and pro-active work eg at corporate induction. • A checklist from NHS Protect is in the process of being completed by Ian Horner and this will be presented at a future Audit Committee. <p><u>Counter Fraud Investigations</u> SF advised that he has met with RB regarding a further allegation reported to the Regional Fraud Manager but they are comfortable that there is not issue to address and this should be closed very soon.</p> <p>The Committee notes these reports.</p>	

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18b	<p>Review of effectiveness of Internal Audit BJ presented this report advising the Committee of the work planned to give the Audit Committee assurance of the effectiveness of Internal Audit. The report included:</p> <ul style="list-style-type: none"> • Key details of the audit assurance trends and recommendation grading results 2007/2008 – 2011/2012 results • Confirmation that a further client survey is planned for later this year. • A response to challenges from the Audit Committee Handbook checklist. • The Internal Audit Charter will once again be reviewed and brought to a future Audit Committee. <p>The Audit Committee were assured by this effectiveness report.</p>	
19.	<p>Contract Award Activity and SFI Waivers RB presented this report identifying the contracts awarded over £100,000 and SFI waivers signed. The following was highlighting or questioned:</p> <ul style="list-style-type: none"> • The contract for 2020 Delivery (sub-contracted to Unipart) to provide PTS diagnostic feedback did go to board for approval in addition to being signed off by the Chief Executive • It was questioned and confirmed that these standardised tender documents are kept centrally with the procurement department in a tender register. • It was questioned whether we are locked into the agreement with G4 TEC to provide support services for electronic security and if not whether the Trust could periodically explore alternative providers. <p>The Committee noted this report.</p>	
20.	<p>Contracts Review – A&E, PTS & Other RB advised that all contracts had been signed off.</p>	
21.	<p>Working Capital Review RF presented this report providing assurance that the debtors and creditors positions are effectively managed and therefore not impacting on the Trust’s working capital position.</p> <p>The Committee noted this report and accepted this position adding that this is a much better situation than previously reported.</p>	
22.	<p>Any Other Business PD asked the auditors for their opinion on the interim arrangements</p>	

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	for her chairing Audit Committee. BJ advised that this was a short term practical solution so there are no issues, just need to ensure transparency. HW confirmed that Paul Thomson had previously provided information via e-mail for this assurance.	
23.	Review of meeting actions and quality review of papers	
.	Date and Time of Next Meeting 13 November 2012 (1000-1300), Kirkstall & Fountains	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**